

VERIFICATION OF SUPPORT

Applicant/Participant Name: _____

Social Security #: _____

Date: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:

TO BE COMPLETED BY PERSON PAYING SUPPORT:

1. Name of person paying support: _____

2. Name of person receiving support: _____

3. Marital Status of parties: ☐ Legal Separation ☐ Divorce ☐ Other _____

4. Support is paid for: ☐ Alimony Support
 ☐ Child Support

List all children for which you pay support (if you need extra space, please use back of form):

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

5 Please list the amount of each support payment made during the past 12 months:

January \$_____	April \$_____	July \$_____	October \$_____
February \$_____	May \$_____	August \$_____	November \$_____
March \$_____	June \$_____	September \$_____	December \$_____

Print Name: _____ Phone (_____) _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: _____

Note: title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development is guilty of a felony.